3pm 10/2/24

INSURANCE

BILLING CARD

Mr.ELAIYARAJA M
42/Male/MHM202403588
09/02/2024/IPM2024000099
Dr.BALAMURUGAN.S

Patient Name _____ D.O.A. 09/02/24 Time 3-30pm

IP No. _____

Room No. 304 Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
9/2/24	4[10]pm	ER	III floor 304	M. Mallig
9/2/24	8-45P	3rd F/R.	OT.	Sd 9/2/304
9/2/24	11pm	OT.	3rd F/R.	Sd 3/7/

OPERATION THEATRE

Date	: 9/2/24	OT No.	: 1
Surgeon	: DR. Balamurugan	Start Time	: 9.30 pm.
I Asst. Surgeon	:	End Time	: 10.30 PM.
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: used
Anaesthetist	: DR. SUNDOR.	C-Arm	:
OT Nurse	: S/N Vasanthe mallika	Arthroscopy	:
Name of Surgery	:	Laproscopy	:
Hydrocelectomy, Hemorrhoidectomy		Sevoflurane / Isoflurane :	
Fissurectomy done U SA.		Inj. Fentanyl	: ~~used~~ used
		Others	:

MONITOR				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
9/2/24.	11pm.	9/2/24.	11.30pm	-			

ALPHA BED / SCD PUMP				VENTILATOR			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE

Date	:	OT. No.	:
Surgeon	:	Start Time	:
I Asst. Surgeon	:	End Time	:
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	:	Arthroscopy	:
Name of Surgery	:	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

Date	LABORATORY

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			

CBG				CBG			
9/2/24	1 (~~894~~)						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Balamurugan	10/5/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

OT CLEARANCE GIVEN

3085

Admission Officer : 3185

Sister ~~In-charge~~